



109 GOVERNOR STREET, SUITE UB-55 - RICHMOND, VA 23219
1-800-523-6019

APPLICATION FOR EMS AGENCY LICENSE

PLEASE COMPLETE APPLICATION FORM IN IT'S ENTIRETY
PRIOR TO TIME OF INSPECTION. IF YOU HAVE ANY
QUESTIONS, PLEASE CONTACT YOUR EMS PROGRAM
REPRESENTATIVE.

Please Print or Type

Agency Name:

Agency No.:

Agency FIN:

Mailing Address:

(Street Address)

(City)

(State)

(Zip Code)

Shipping Address:

(Street Address)

(City)

(State)

(Zip Code)

Agency Telephone Number:

FAX #:

Agency E-mail Address:

Type of Application:

Initial

Recertification

Change of Classification

Please check the **CATEGORY**, all **CLASSIFICATIONS**, and **DESCRIPTION** of Agency.

CATEGORY:

Volunteer
Government
Commercial
Industrial
Non-Profit

CLASSIFICATION:

Non-Transport - BLS
Non-Transport - ALS
Emergency Ground Transport - BLS
Emergency Ground Transport - ALS
Neonatal Ambulance
Air Ambulance

DESCRIPTION:

Fire Department
1St Response - Only
Rescue Squad - EMS
Hospital
Police
Other:

Hours of Operation:

24 Hours

Other:

Month/Year Agency Established:

Month/Year Agency began EMS Operations:

Is Agency a Member of:

Virginia Association of Volunteer Rescue Squads
Virginia Ambulance Association
Virginia Governmental EMS Administrators

Does Agency Employ EMS Personnel?

No

Yes

COMMUNICATIONS:

Dispatch Facilities:

Agency

Other: (Specify)

Central Dispatch: (Specify)

Dispatch Business Telephone #:

()

FREQUENCIES:

Dispatch Frequencies:

1) TX

PL

RC

PL

Other Frequencies:

1) TX

PL

RC

PL

2.) TX

PL

RC

PL

3.) TX

PL

RC

PL

Agency Notified By:

Radio (Voice)

Radio (Paging)

Telephone

Number of Radios

Mobile

Portables

Paging

Emergency Telephone Number:

911

Other:

Emergency Telephone Number Listed for Public:

Yes

No

Does Agency prioritize or provide pre-arrival instructions?:

Yes

No

PHYSICAL LOCATION OF AGENCY & DIRECTIONS FROM MAJOR ROUTE NUMBER:

AGENCY OFFICIAL REPRESENTATIVE (S) OR OWNER (S):

Chief Operations Officer (Chief):

Name: (Last) (First) (Middle) Title: Race:

Social Security Number: - - Date of Birth: / /

Mailing Address:
(Street Address)

(City) (State) (Zip Code)
Daytime Phone No.: () Evening Phone No.: ()

Email Address:

Chief Executive Officer (President):

Name: (Last) (First) (Middle) Title: Race:

Social Security Number: - - Date of Birth: / /

Mailing Address:
(Street Address)

(City) (State) (Zip Code)
Daytime Phone No.: () Evening Phone No.: ()

Email Address:

Training Officer:

Name: (Last) (First) (Middle) Title: Race:

Social Security Number: - - Date of Birth: / /

Mailing Address:
(Street Address)

(City) (State) (Zip Code)
Daytime Phone No.: () Evening Phone No.: ()

Email Address:

****NOTE:** Race- To be used solely for the purpose of criminal background checks and is required by the Virginia State Police**

Is representative/owner involved in management (i.e. owner, officer, etc.) of another Licensed VA EMS Agency?

No

Yes (explain)

Does Representative have previous experience operating an EMS Agency? No

Yes (explain)

If yes, has EMS License of that agency ever been suspended or revoked? No

Yes (explain)

Does Agency Bill for Service? Yes No

OPERATIONAL MEDICAL DIRECTOR(S): (OMD/PCD)
1.
2.
3.

Name:			Title:	Race:
(Last)	(First)	(Middle)		
Social Security Number:			Date of Birth:	
-	-		/	/

Email Address:

(Underwriters)	(Policy #)	(Expiration Date)
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NUMBERS OF PERSONNEL:	First Responder	EMT-B
	EMT-ST	EMT-Cardiac
	EMT-Enhanced	EMT-Intermediate
	EMT-Paramedic	Support Personnel
EVOC/Driver		

NO. DEFIBRILLATORS:	MANUAL	AUTOMATED	COMBINATION
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NO. OF EMT-E PACKAGES: NO. OF EMT-I/P PACKAGES:

Is required equipment supplied by Applicant Agency?	Yes	No

Light Duty Crash Truck	Yes	No
Medium Duty Crash Truck	Yes	No
Heavy Duty Crash Truck	Yes	No
Boat with Trailer	Yes	No
Technical Rescue Vehicle/Trailer	Yes	No
Water Rescue Team with Tailored Boat	Yes	No
Disaster Trailer	Yes	No
HazMat Response Vehicle/Trailer	Yes	No
Portable generator (Hand Carried)	Yes	No
Mobile Generator	Yes	No
Emergency Back-up Generator at Agency	Yes	No
Command/Communications Vehicle	Yes	No
Dive Team Capability	Yes	No
AIRPORT Heavy Duty Crash Truck	Yes	No

NAME: _____ TITLE: _____
(PLEASE PRINT NAME)

**** I attest that all information contained in this application is true and correct to the best of my knowledge.****

(SIGNATURE)

DATE: _____